



PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number: 19603/4292 CRF D-3099-03												
CERTIFICATE OF MAILING I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, or being facsimile transmitted to the USPTO at _____, on <u>01-30-2006</u> . Signature: <u>Angelica Grouse</u> Name: <u>Angelica Grouse</u>	In re Application of Darwin et al. <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 60%; padding: 2px;">Application Number <u>10/730,555</u></td><td style="width: 40%; padding: 2px;">Filed <u>December 8, 2003</u></td></tr><tr><td colspan="2" style="padding: 2px;">For MYCOBACTERIUM TUBERCULOSIS (MTB) TARGETS FOR ANTIBIOTIC THERAPY</td></tr><tr><td style="padding: 2px;">Group Art Unit <u>1656</u></td><td style="padding: 2px;">Examiner <u>Lindsay Odell</u></td></tr></table>		Application Number <u>10/730,555</u>	Filed <u>December 8, 2003</u>	For MYCOBACTERIUM TUBERCULOSIS (MTB) TARGETS FOR ANTIBIOTIC THERAPY		Group Art Unit <u>1656</u>	Examiner <u>Lindsay Odell</u>						
Application Number <u>10/730,555</u>	Filed <u>December 8, 2003</u>													
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Group Art Unit <u>1656</u>	Examiner <u>Lindsay Odell</u>													
<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and appropriate entity fee are as follows (check time period desired):</p> <table style="width: 100%;"><tr><td><input type="checkbox"/> One month (37 CFR 1.17(a)(1)) - (\$60/\$120)</td><td style="text-align: right;">\$ _____</td></tr><tr><td><input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) - (\$225/\$450)</td><td style="text-align: right;">\$ _____</td></tr><tr><td><input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3)) - (\$510/\$1020)</td><td style="text-align: right;">\$ <u>510.00</u></td></tr><tr><td><input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) - (\$795/\$1590)</td><td style="text-align: right;">\$ _____</td></tr><tr><td><input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) - (\$1080/\$2160)</td><td style="text-align: right;">\$ _____</td></tr></table> <p><input type="checkbox"/> Applicant claims small entity status.</p> <p><input checked="" type="checkbox"/> A check to cover the fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input type="checkbox"/> The Commissioner has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment, to Deposit Account Number <u>14-1138</u>. I have enclosed a duplicate copy of this sheet.</p> <p>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p> <p>I am the <input type="checkbox"/> applicant/inventor</p> <p style="margin-left: 40px;"><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).</p> <p style="margin-left: 40px;"><input checked="" type="checkbox"/> attorney or agent of record.</p> <p style="margin-left: 40px;"><input type="checkbox"/> attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a) _____</p> <table style="width: 100%;"><tr><td style="width: 50%; text-align: center; vertical-align: bottom;"><u>Michael L. Goldman</u> Signature <u>Michael L. Goldman</u> Typed or printed name</td><td style="width: 50%; text-align: center; vertical-align: bottom;"><u>January 28, 2006</u> Date <u>(585) 263-1304</u> Telephone Number</td></tr></table> <p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.</p> <div style="border: 1px solid black; padding: 5px;"><input type="checkbox"/> Total of _____ forms are submitted.</div>			<input type="checkbox"/> One month (37 CFR 1.17(a)(1)) - (\$60/\$120)	\$ _____	<input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) - (\$225/\$450)	\$ _____	<input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3)) - (\$510/\$1020)	\$ <u>510.00</u>	<input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) - (\$795/\$1590)	\$ _____	<input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) - (\$1080/\$2160)	\$ _____	<u>Michael L. Goldman</u> Signature <u>Michael L. Goldman</u> Typed or printed name	<u>January 28, 2006</u> Date <u>(585) 263-1304</u> Telephone Number
<input type="checkbox"/> One month (37 CFR 1.17(a)(1)) - (\$60/\$120)	\$ _____													
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) - (\$225/\$450)	\$ _____													
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02/02/2006 MBLANCO 00000003 10730555

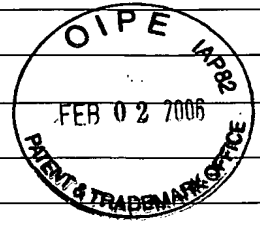
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510.00 OP

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Alexandria, VA 22313-1450

R911876.1

Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). <h2 style="text-align: center;">FEE TRANSMITTAL FOR FY 2005</h2>		Complete if Known	
		Application Number	10/730,555
		Filing Date	December 8, 2003
		First Named Inventor	Katerina Heran Darwin
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Examiner Name	Lindsay Odell
TOTAL AMOUNT OF PAYMENT	(\$510.00)	Art Unit	1656
		Attorney Docket No.	19603/4292 (CRF D-3099-03)



METHOD OF PAYMENT (check all that apply)

☒ Check
 ☐ Credit Card
 ☐ Money Order
 ☐ None
 ☐ Other (please identify): _____

☐ Deposit Account
 Deposit Account Number: 14-1138
 Deposit Account Name: Nixon Peabody LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below
 ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17
 ☒ Credit any overpayments

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FEE CALCULATION

1. BASIC FILING, SEARCH AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

Total Claims 45 - 102 or HP = 0 x 0 = 0 **Fee Paid (\$)**

HP = highest number of total claims paid for, if greater than 20

Indep. Claims 2 - 7 or HP = 0 x 0 = 0 **Fee Paid (\$)**

HP = highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
<u>45</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>

4. OTHER FEE(S)

	Fees Paid (\$)
Non-English Specification, \$130 fee (no small entity discount)	
Other: <u>Petition for Three Month Extension of Time (\$510.00)</u>	<u>\$510.00</u>

SUBMITTED BY

Signature	<u>Michael L. Goldman</u>	Registration No. 30,727 (Attorney/Agent)	Telephone (585) 263-1304
Name (Print/Type)	Michael L. Goldman	Date	<u>January 30, 2006</u>

CERTIFICATE OF MAILING OR TRANSMISSION [35 CFR 1.8(a)]

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, or being facsimile transmitted to the USPTO at on 01-30-2006.

Signature: Angelica Grouse

Name: Angelica Grouse

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Alexandria, VA 22313-1450